STUDENT PERSONNEL ACTION FORM

FOR DEPARTMENT/DIVISION USE:

Student Name: Student ID Number

Hiring Department: Dept. Number:

Employment Dates: Begin End Select One

Action: **Position:** Select One

☐ Vacant Position Replacing (student's name)

Reason: ☐ Change from Select One to Select One

Date of Change: Last date worked:

Rate of Pay: Select One **Time Approver:**

Comments:

MAXIMUM NUMBER OF WORK HOURS NOT TO EXCEED 19 HRS PER WEEK

Approved by Department Budget Mgr:

FEDERAL WORK STUDY ONLY - FOR FINANCIAL AID:

This student is: ☐ Eligible ☐ NOT Eligible

Authorized by Financial Aid:

By signing above, you are authorizing Human Resources to charge this student to the Federal Work Study account.

STUDENT ASSISTANT ONLY - FOR BUDGET USE:

Funds for this position are: ☐ Available ☐ NOT Available

Position Number:

Budget:

HUMAN RESOURCES ONLY

Background started ☐ Background Cleared ☐ Enter into OneUSG ☐ Entered By:

Print Clear